

# SENIOR BULLETIN

AAP Section for Senior Members

**Editor:** Arthur Maron, MD, MPA, FAAP  
**Associate Editors:** Carol Berkowitz, MD, FAAP  
James Reynolds, MD, FAAP  
Donald Schiff, MD, FAAP

Volume 20 No. 3 – Summer 2011

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Opinions expressed are those of the authors and not necessarily those of the American Academy of Pediatrics. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

## Message from the Chairperson

*Lucy S. Crain, MD, MPH, FAAP*  
*Chairperson, Section for Senior Members*

**WHAT'S IN A NAME?** You'll note that the Senior Bulletin often uses the SFSM (Section for Senior Members) acronym, about which past and present executive committee and section members have had numerous discussions. Also, you may note in official AAP organizational listings, our section's acronym is listed as SOSM (Section ON Senior Members.) It's true that our section, more than most is FOR or about its members, their retirement planning, their personal wellness, transitions into part time or voluntary pursuits, instead of being exclusively practice focused. We answer to either, but you may note either or both to be used in various contexts.

**ANNUAL LEADERSHIP FORUM:** More than 500 members of AAP chapter, committee, and section leadership met at the Schaumburg, Il convention center for the Annual Leadership Forum (ALF) March 25-27. The ALF replaced the Annual Chapter Forum about 10 years ago, and the inclusion of section and committee leadership provides a broader representation of AAP membership, interests and concerns, and priorities. As with the previous Chapter Forum, the ALF featured general presentations by AAP administration, including an opening address by AAP President Marion Burton, MD, FAAP, an overview of the Academy by CEO/

Continued on Page 2

## What's Inside?

Message from the Chairperson . . . . .	1-4
Executive Committee/ Subcommittee Chairs . . . . .	2
2011 Senior Bulletin Schedule . . . . .	4
It's the Economy, Stupid . . . . .	5-6
Pediatric Leadership and Mentoring Forum . . . . .	6
Did You Know . . . ? . . . . .	6
AAP 2011 National Conference and Exhibition . . . . .	7
Edmund C. Burke, MD, FAAP . . . . .	8
How Did We Ever Get to be Members of the Senior Section? . . . . .	9
Have an Issue? . . . . .	9
Membership Categories for Retired and Senior AAP Members, 2011 . . . . .	10-11
Mead Johnson Nutrition Thank You . . . . .	11
A Memorable Event: The Joslin/Tolstoi Debate . . . . .	12-13
Did You Know? - Academy Travel Office . . . . .	13
AAP Senior Section Hosts 2011 First Timer's Reception at NCE . . . . .	13
Work Life Balance . . . . .	14-15
The First Bela Schick Lecture (Genii at Work) . . . . .	16-17
To Members of the Section for Senior Members: Seeking Your Opinion . . . . .	17
My Eight Giants of Pediatrics . . . . .	18-24
Figuring Out When to Jump on the Benefits Train . . . . .	24-25
What would you ask the next AAP President? . . . . .	25
AAP Mental Health Initiatives . . . . .	26

**Section for Senior Members  
Executive Committee**

**Lucy S. Crain, MD, MPH, FAAP • Chair**  
San Francisco, CA

**Allen Harlor Jr., MD, FAAP**  
Eugene, OR

**Michael O'Halloran, MD, FAAP**  
Eau Claire, WI

**James Shira, MD, FAAP**  
Greenwood Village, CO

**Stanford Singer, MD, FAAP**  
Farmington Hills, MI

**Iris Snider, MD, FAAP**  
Athens, TN

**Subcommittee Chairs**

**Program • James Shira, MD, FAAP**

**Financial Planning • James Reynolds, MD, FAAP**

**Membership • Stanford Singer, MD, FAAP**

**Nominations Committee**  
George Cohen, MD, FAAP  
and Muriel Wolf, MD, FAAP

**Web Master • Jerold Aronson, MD, FAAP**

**History Center/Archives**  
David Annunziato, MD, FAAP

**Newsletter Editor**  
Arthur Maron, MD, MPA, FAAP  
561/394-6114  
[artmaron@aol.com](mailto:artmaron@aol.com)

**Staff**

Jackie Burke  
Sections Manager  
[jburke@aap.org](mailto:jburke@aap.org)

Tracey Coletta  
Sections Coordinator  
[tcoletta@aap.org](mailto:tcoletta@aap.org)

Mark A. Krajecki  
Pre-Press Production Specialist  
[mkrajecki@aap.org](mailto:mkrajecki@aap.org)

**Message from the Chairperson**

Continued from Page 1

Executive Director, Errol Alden, MD, FAAP, an update on the AAP's improved financial status by John Forbes, plus an overview of the resolution process by Drs. Paul Williams and Charles Scott, before transitioning to various district and section meetings.

Three concomitant reference committee hearings met on day 2 of the Forum, and attendees were encouraged to participate in these. Following these hearings, presentations were given in general session, including: "Megatrends: Shaping the Future of Pediatrics", by Dr. Sandra Hassink, "Changing Demographics of the Child Population and Pediatric Workforce" by Lynn Olson, PhD, and a Plenary Address by Cindy Mann, JD, Director of the Center for Medicaid and CHIP. National Nominating Committee Chair Dr. Keith Dverin introduced the candidates for President Elect, Dr. Mary Brown and Dr. Tom McInerny. Both addressed the full audience and responded to several questions.

The major business of the ALF, of course, is to discuss and vote on the resolutions submitted by Chapters, Committees, Sections, and individual members of the AAP. Prior to the ALF, delegates were asked to volunteer to serve on one of three reference committees. By time of arrival on the floor of the assembled voting membership, the voters were generally well acquainted with all 87 resolutions, many of which had been assigned to the consent calendar by their respective Reference Committees. Of note, 3 resolutions pertaining to Maintenance of Certification (MOC) were assigned to the Consent Calendar, including one submitted by past SFSM chairman Dr. David Annunziato. This issue continues to be an item of interest to members across the age span.

Resolutions are posted on the AAP website for your review, but those voted as the Top Ten of this year's resolutions follow.

Continued on Page 3

## 2011 Annual Leadership Forum

March 25 - 27, 2011

### PRIORITIZATION OF 2011 ADOPTED RESOLUTIONS RESULTS

At the close of the 2011 Annual Leadership Forum, Sunday, March 27th, all voting members present were invited to select the Top 10 resolutions they felt were of most importance to the grassroots of the Academy. Of the 208 eligible voting members present, 175 responded (84%). The following shows the Top 10 resolutions based on the number of votes received. Also noted are the district and the calendar (consent, late, or reference committee) from which the resolution originated.

#### TOP TEN RESOLUTIONS FOR 2011 ANNUAL LEADERSHIP FORUM

Top 10	Votes	Passed %	Res #	District	Title
1	406	Reference Committee Consent	13	VIII	Protecting the Children of Undocumented Parents
2	333	Overall Consent	19	X	Identification, Enrollment, and Continuous Retention of all Medicaid and State Child Health Insurance Program (SCHIP) Eligible Children
3	328	Overall Consent	2	II	Excluding Coverage of Sugar Sweetened Beverages by the Supplemental Nutrition Assistance Program (Food Stamps)
4	307	Reference Committee Consent	21SA	II	Obesity Epidemic
5	293	97%	37SB	X	Optimization of Influenza Vaccine Distribution to Pediatricians
6	279	94%	63	IV	Parent Involvement in the AAP
7	278	Reference Committee Consent	LR7SA	II	Burden to Pediatricians of Requirement for Prescriptions for Flexible Spending Accounts
8	259	84%	45	IV	Maintenance of Certification (MOC) Should Not be the Only Way of Assessing Clinical Competency
9	241	89%	24SA	II	Managing Costs and Impact of AAP Recommendations for Children's Health Care
10	235	93%	60	IX	AAP Election Calendar

Continued on  
Page 4

There's much more information on the MOC website about the ALF and disposition of resolutions, if you wish to learn more about the ALF or about individual resolutions.

## **SECTION EXECUTIVE COMMITTEE SPRING MEETING**

The SFSM executive committee met in Phoenix, Arizona April 16-17. Priority topics on the agenda were an update of the Section strategic plan, which was effected in 2008. We were pleased to be able to cross off several items as having been accomplished, including our collaborative work with the Section on Young Physicians on vaccine education as well as the joint section education program at the 2010 NCE with the Section on Administration and Practice Management (SOAPM). The amended strategic plan will be included in a later issue of the Bulletin this year, pending other anticipated modifications. The current version can be viewed on our Section website.

Another significant topic of discussion was selection of the recipient of the 2011 Annual SFSM Child Advocacy Award, which is a responsibility of the Section Executive Committee. This process seems to become more and more challenging, as we consider nominees from chapter chairmen across the country. Each nominee must be age 55 or older and have evidence of significant contributions to child advocacy over time. The contributions to advocacy must be in addition to efforts which might be considered volunteerism or included in his/her job description, and must demonstrate having made a difference to the health of children and families. The list of contenders is so impressive that we would like to give multiple awards almost every year. We continue to be impressed with the quality of remarkable advocacy accomplished by our members, and we hope that the nominees will honor us with articles about their advocacy work in the Senior Bulletin in the near future.

---

### **2011 Senior Bulletin Schedule**

We welcome contributions to the Bulletin on any topic of interest to the senior community. Articles for consideration should be sent to the Editor at [artmaron@aol.com](mailto:artmaron@aol.com) with copies to the Academy headquarters [tcoletta@aap.org](mailto:tcoletta@aap.org)

#### **Fall Bulletin**

September 15 articles due to Arthur Maron MD, MPA, FAAP  
October 15 mailboxes

#### **2012 Winter Bulletin - *Electronic***

December 1 articles due to Arthur Maron MD, MPA, FAAP  
January 6, 2012 online

# It's the Economy, Stupid

*By Donald W. Schiff, MD, FAAP*

This familiar cliché voiced repeatedly by James Carville in 1992 became the predominate theme of the Clinton-Bush Presidential campaign and has arisen again as a fundamental issue for the 2012 epic battle. The role that health care reform will play in the next election will place it close behind jobs and the general economy in importance as the political parties play upon the anxieties of families struggling to pay their health insurance premiums, which increase faster than their income.

The proposal to change the Medicare Program (Ryan Plan) has become a center of concern for our citizens 65 years of age or approaching 65, as the conversion of the current open fee for service to a partially subsidized private insurance plan will clearly produce diminished benefits and higher costs for participants (under 65 years) in the future.

The consistent increase in health care costs beyond the other components of the cost of living index was a strong force driving the passage of the Affordable Health Care Act (ACA) in 2009. An effort to control health care costs by utilizing principles designed to “bend the curve” was believed to be critical, as previous projections of costs appeared to make the current US style of health care unsustainable.

The effort to bring health care costs lower, including measures such as a conversion to electronic medical records, best practices, evidentiary proved medications and procedures, and competitive medication pricing, will require time to prove their value. Meanwhile, the progressive aging of our population and brilliant new technologies which promote continued longevity inexorably produce increasing health care expenditures. The influence of the Medicare program upon benefits and payment to Medicaid providers is evident, as the ACA states specifically that the trailing under resourced Medicaid payment rates are to be brought to Medicare equivalence

by 2013-14. Prior to that date, Medicaid benefits and payment remain at risk.

The Ryan proposal includes a basic change in Medicaid from the present dual federal-state responsibility and funding to a federal block grant. This approach would control costs by setting a predictable specific dollar amount for each state's Medicaid program and seriously negatively impact both benefits and payment schedules. Another approach to diminish the Medicaid plan was revealed recently when a group of congressmen introduced legislation to remove the maintenance of effort clause from the ACA. If this were successfully passed, states would not be required to keep their Medicaid plans at the 2009 level or above, as the ACA requires, but would be able to reduce Medicaid to a bare bones skeleton of its prior status. These measures would undoubtedly help states which are struggling with their budgets due to reduced revenues, but at what cost?

I have described in previous articles the spectacular contrasts among our various states. Some of the latest: Indiana recently passed legislation which prohibits the funding of its state Planned Parenthood organization. Top Medicaid-Medicare administrator, pediatrician Don Berwick has declared that this Indiana determination is illegal. Indiana has decided that it will fight the federal rule that Medicaid patients can choose their own caregivers for non-abortion services, i.e. Planned Parenthood. An additional move by Indiana, which impacts children is the recent prohibition of insured children receiving vaccines in public clinics. This will surely impact immunization rates in Indiana. Moving in the opposite direction is Vermont, which passed legislation in May setting up a single payer health care system designed to cover all of Vermont's citizens. In the face of this marked divergence, the AAP has for the past three decades promoted increased access and quality pediatric health care for all

*Continued on Page 6*

American children. Will our economic crisis provide a mechanism which could reverse the advances made over the past decade to attain quality health care for all children? There is little doubt that the long term debt of the US will be substantially reduced. However, our children must be held harmless in that effort.

#### On the Bright Side

An important reduction in health care costs was announced in June by Blue Shield of California and reported by Reed Abelson of the New York Times. The insurer will limit its profit to no more than 2% of premium revenue and plans to

return \$180 million of profit from 2010 to policyholders. Blue Cross and Blue Shield of North Carolina is purportedly also returning a refund of \$156 million similarly. Tim Jost, Professor of Law at Washington and Lee, believes it is likely that other insurers will follow suit. Secretary of Health and Human Services Kathleen Sebelius stated that “while voluntary efforts are great for policy holders in California, the Blue Cross Blue Shield announcement also reinforces the importance of the ACA requirements and the vigorous state review of insurance rates.”

Please contact me at [donroschiff@comcast.net](mailto:donroschiff@comcast.net) with your thoughts and suggestions.

---

## **Pediatric Leadership and Mentoring Forum**

*Presented by the Pediatric Leadership Alliance (PLA) in collaboration with the AAP Section on Young Physicians and AAP Section for Senior Members*

*Monday, October 17, 6:45am-8:00am*

*Ticket: \$10*

Advancing child health and well-being in a complex and rapidly changing world requires not only clinical excellence, but effective leadership. This peer mentoring session will profile models of successful leadership, highlight key areas for potential skill development and growth, and provide an opportunity for participants to mentor, and receive mentorship from, successful AAP leaders. Do not miss this opportunity for personal growth and development, and to meet successful AAP leaders, past, present and future! The Pediatric Leadership and Mentoring Forum has evolved from the traditional Women's Forum. We hope you will join us for breakfast, and renew your commitment to leadership development on behalf of children and the AAP.

---

### **Did You Know . . . ?**

A neat shortcut is available to allow you to get to our  
Section for Senior Members web site really fast.

Try it, you'll like it!

Happy browsing.

**[www.aap.org/seniors](http://www.aap.org/seniors)**



## AAP 2011 National Conference and Exhibition

October 15-18, 2011

Boston, MA

Westin-Commonwealth Ballroom A-B

### Section for Senior Members Program

The 2011 Program for the Section for Senior Members (SFSM) will address two very significant changes in the lives of senior pediatricians that may well require them to re-examine their future plans for practice or retirement: (1) health care reform for their patients as well as themselves and (2) new requirements for maintenance of certification. Advances (and retreats) in health care coverage for children will be reviewed in detail and the additions (and subtractions) in Medicare that directly affect many senior members will be surveyed. Next, the troublesome changes now required for Board certification of “permanent” certification pediatricians will be sorted out and debated. Discussion should be lively. The last session of the program will be an exercise in visual diagnosis in which attendees will be asked to identify classic pediatric conditions, their etiologies and/or their treatments both in the past and the present.

Program Title: Pediatricians in Transition: The Challenges of Change

Schedule: Saturday, October 15, 2011  
8:30am- 1:30pm

Moderators: Lucy Crain, MD, MPH, FAAP and James Shira, MD, FAAP

8:30am Health Care Reform 18 Months Later: Has Anything Really Changed?  
For Children: Mark Del Monte, JD  
For Seniors: William J. Hall, MD

10:00am Question and Answer

10:15am Break

10:30am “Permanent” Redefined: MOC for Permanent Certificate Pediatricians  
H. James Brown, MD, FAAP

11:15am Question and Answer

11:30am Pediatrics Remembered: A Trip Down Memory Lane  
An Exercise in Visual Diagnosis for Mature Pediatricians  
James Shira, MD, FAAP

12:30pm Business Meeting and Award Presentation Lunch

1:30pm Adjourn

## **Edmund C. Burke, MD, FAAP**

*Another article submitted by a noagenarian members of our section.*

It all began in Fargo, North Dakota. That's where I was born late in 1919. Brother and sisters followed in Sioux City, Iowa later. We also lived in New Rochelle, New York for 5 years while Dad's office was in New York City. He was a branch manager in the motor truck division of International Harvester.

Later, while in St. Paul at St. Thomas Military Academy, I decided to go into medicine. I had read a novel about Pasteur and was deeply influenced. As far as pediatrics, I think that influence came during medical school. I had decided that pediatrics had the appeal of infectious disease, growth and development, and my mentor before I went into Service and was a pediatrician, Dr. Erling Platou, a wonderful man.

While in Service 1946-1948, I spent the whole time in the U.S. in pediatric clinics in large hospitals but they closed and I was sent to West Point for a little over a year. West Point was indeed a lovely place and 3 of my St. Thomas classmates had gone through there, but I was convinced I didn't want a regular Army career," regardless. Most everywhere I was assigned they were glad to see me and placed me right away in the Out-Patient Department. OK with me.

Well, after Service I came to Rochester where Dr. Roger Kennedy was head of Pediatrics at Mayo. I liked the atmosphere and the fellowship right away. It was warm, helpful, and friendly. I must have left a good impression because Dr. R. L. J. Kennedy asked me to join the staff after 3 years. Mayo was just beginning to grow and I was #6 in the Department. They have added more and more until the Directory of Pediatrics now fills 2 1/2 pages. Unfortunately, I can't tell who has joint appointments.

During my time at Mayo, I was interested in kidney diseases, specifically, nephrotic syndrome. I collected quite a number of patients then but now I think it is less a problem.

I also did kidney biopsies which I didn't care to do but it was sometimes necessary to determine which children had chronic disease specifically, in view of the medical treatment available.

At that time, we were part of the University of Minnesota Graduate School and after three years of written and oral examinations, we were given an M.S. in Pediatrics. The Mayo Clinic has since developed its own medical school and degree conferring system so it is no longer part of the University of Minnesota. Our rotation on the hospital service has changed and so has almost everything else in the Department in 25 years so this is no longer an activity. The Department Head is different, the Department is larger, has more branches and has more residents. Would I choose pediatrics again? Oh yes, many times over. It was delightful.

In the course of my career at Mayo, I enjoyed the jobs in the AAP such as votes for the AAP on the AMA House of Delegates. For 20 some years I had this responsibility. And the acquaintances and friendships it involved were wonderful. The pediatricians in the AAP Board and the involvement in selecting a new area for headquarters was wonderful and lasting. How great it was!

Cal Sia, Marion Burton and I were usually in attendance at the house of Delegates of the AMA for AAP. We had many wonderful moments together and attended to the items that were relevant and important to the AAP. I hope our successors are just as happily involved.

# How Did We Ever Get to be Members of the Senior Section?

*By Herbert Winograd, MD, FAAP*

With no concern for, or knowledge of, genetics our parents brought us into the world.

We were born, barely breathing due to obstetrical anesthesia and excessive pain medication.

We went for our first ride, cradled in Mom's arms in the passenger seat of Dad's car.

When we arrived home we slept—on our tummies—in a crib with drop-down sides, a soft mattress, fluffy pillow and stuffed animals, alongside a window covered by a blind with a dangling cord

When we traveled to visit Grandma, we rode in a booster seat, not to be safe but so we could see out of the car window, again, frequently in the passenger seat and pretending to drive.

The car had a solid non-absorbent steel bumper, no automatic door locks, and no seat belts so we could hang our heads and hands (and maybe feet) out the window.

We could only be immunized against smallpox and diphtheria, tetanus and whooping cough. We survived measles, chicken pox, German measles, scarlet fever, and polio. Baby aspirin and PhisoHex were a big help.

In pediatric residency, workdays lasted 48 hours and continued into the next 24 hour day so that the required amount of sleep was the dream. We ate hurriedly of food that never saw the "Pyramid". Eight glasses of water were a myth that did not come from the hall drinking fountain and bottled water did not exist.

We were subject to the draft and many of us could serve in Korea or Vietnam on all-expense-paid tours. We survived those wars.

Most were in small office practices, going to multiple hospitals, and fitting house calls into office schedules, mealtimes, and sleep time with no knowledge of: "triage" to ease the load.

And here we are in the "Senior Section"!

---

## Have an Issue?

Join the Section for Senior Members Listserv by contacting [tcoletta@aap.org](mailto:tcoletta@aap.org)

For more information or to join the section...

visit our website at: [www.aap.org/sections/seniormembers/](http://www.aap.org/sections/seniormembers/)

# Membership Categories for Retired and Senior AAP Members, 2011

By Michael O'Halloran, MD, FAAP

Many pediatricians are unaware that, in addition to the membership category of "Fellow", "Specialty Fellow", etc., there are two other categories of membership designed especially for retired pediatricians and senior pediatricians. The idea is to make it easy for us to stay connected to the AAP as a way for us to continue our lifelong interest in the welfare of children. And, not incidentally, our academy needs us. The two categories created to accomplish this are "Retired Fellow" and "Emeritus Fellow". Both categories involve a decrease in dues and they both have some conditions which need to be met to qualify.

The **Retired Fellow** category requires that a Fellow (this includes Specialty Fellows and Corresponding Fellows) must be at least 55 years old, must have been an AAP member for 5 years or more, and must no longer derive income from professional activities. The membership requirement of 5 years need not be consecutive. Retired Fellows may not hold national AAP office but it is important to note that they do retain their right to vote for national officers. They may also hold office in AAP sections. The dues for this category are \$200, a considerable savings. This includes online access to our journal, *Pediatrics*, with all of its archives. A "print" subscription to *Pediatrics* can be purchased for an additional \$62.

The **Emeritus Fellow** category requires that a Fellow (this also includes Specialty Fellows and Corresponding Fellows) must be at least 65 years of age and have been an AAP member for 30 years or more. The 30 years may not need to be consecutive. Emeritus Fellows may not hold national AAP office but it is important to note that they do retain their right to vote for national officers. They may also hold office in AAP sections. One need not be retired for this category. The dues for this category are \$71, a considerable savings. This includes online access to our journal, *Pediatrics*, with all of its

archives. A "print" subscription to *Pediatrics* can be purchased for an additional \$62.

If you believe you are eligible to take advantage of either of these membership categories, contact Member Services Mon-Fri, 8:00-4:30 CST at 800-433-9016, ext 5897. You can also download the proper form by logging on to the Member Center. In the Member Community box, click on Member Benefits & Services. Open the link AAP Change of Membership Type and Dues Discount Form. Print the form, fill in the blanks and fax it to 847-228-7035.

For questions, contact AAP Customer Service at 866-THE-AAP1 (843-2271), M-F 7:00-5:30pm central time. To check on your current AAP category/status, go to the Member Center and click on My Account, located next to your name near the top of the page.

## **Benefits and Privileges** As of 5/2011

### **Emeritus Fellow**

**Dues:** \$71

#### ***Privileges:***

- Vote in National Elections
- Use of "FAAP" Designation
- Serve on Committees
- Fellowship Certificate
- Access to and listed in AAP Online Member Directory
- Listing in Find a Pediatrician on healthy children.org (opt in)

#### ***Benefits:***

- Subscription to *Pediatrics* (online only)
- Subscription to *AAP News* (print and online)
- *Red Book*®: (choice of format: print, online, mobile/PDA)
- Discount member pricing on publications, subscriptions, CME courses including the National Conference & Exhibition

Continued on Page 11

- PediaLink® - Maintenance of Certification
- Discounted Travel though ResX.com
- Access to Member Center
- Practice Management Online
- Section/Council Membership
- Manuals (limited selection)
- Federal Advocacy Action Network (FAAN) – Advocacy Updates
- eBreaking news alerts & AAP News OnCall QuIN

***Discount Programs and Services:***

- Pediatric Insurance Consultants (PIC), Inc Group Insurance Plans
- GEICO Auto Insurance
- Staples Advantage Program
- 1<sup>st</sup> Heath Care Payment Systems Credit Card Processing
- Bank of America WorldPoints personal and business credit card
- Car Rental Discounts thru Hertz and Avis
- Certificate Framing by Framing Success
- HCNN online patient safety alerts

**Retired Fellow**

***Dues:*** \$200

***Privileges:***

- Vote in National Elections
- Use of “FAAP” Designation
- Serve on Committees
- Fellowship Certificate
- Listing in AAP Online Membership Directory

***Benefits:***

- Subscription to *Pediatrics* (online only)
- Subscription to *AAP News* (online only)
- *Red Book*®: (choice of format: print, online, mobile/PDA)
- Discount member pricing on publications, subscriptions, CME courses including the National Conference & Exhibition
- PediaLink® - Maintenance of Certification
- Discounted Travel though ResX.com
- Access to Member Center
- Practice Management Online
- Section/Council Membership
- Manuals (limited selection)
- Federal Advocacy Action Network (FAAN) – Advocacy Updates
- eBreaking news alerts & AAP News OnCall

***Discount Programs and Services:***

- Pediatric Insurance Consultants (PIC), Inc Group Insurance Plans
- GEICO Auto Insurance
- Staples Advantage Program
- 1<sup>st</sup> Heath Care Payment Systems Credit Card Processing
- Bank of America WorldPoints personal and business credit card
- Car Rental Discounts thru Hertz and Avis
- Certificate Framing by Framing Success
- HCNN online patient safety alerts

---

**The AAP Section for Senior Members would like to thank  
Mead Johnson Nutrition  
for their support of the Child Advocacy Award.**

# A Memorable Event: The Joslin/Tolstoi Debate

*By David Annunziato, MD, FAAP*

I believe the year was 1951. I was a so-called “superchief” resident, a fourth year trainee at the time when only two years of pediatric training and two years of practice time qualified one to take the oral examination of the American Board of Pediatrics.

One day, while leaving messages on the desk of my chairman, I noticed a flyer there noting an evening conference at the New York Academy of Medicine. The conference was to be a debate between Elliott Joslin and Edward Tolstoi. Both were the exponents and authorities of the day on the care of diabetes Mellitus. Some physicians will recall that Joslin advocated rigid diet and blood sugar control. Tolstoi, popular with athletes of the day, allowed patients a free diet and little or no blood sugar control. I felt that the topic was important and decided to attend. Having no car, I enlisted a junior resident with a car to drive me to the meeting. The conference was scheduled to begin at 8:00 p.m. I suggested that we arrive there at 6:00 p.m. to get the best seats.

We arrived at 6:00 p.m. and found the place packed. We were fortunate to find two of the few remaining seats in the back of the balcony.

The debate began at 8:00 p.m. sharp. Joslin presented his thoughts for 45 minutes. Tolstoi followed with equal time. After their presentations they debated their philosophies of care. The debate lasted for hours I was later told. We left at 11:00 p.m. while it was still in heated discussion.

At one point, Tolstoi said to Joslin, “What’s wrong with a high blood sugar?” Joslin thought for a moment and replied, “I don’t know but I do know that my patients will have less complications and live five years longer than yours”. Of course, at the time, he had no statistical proof of that except his personal

experience. To my knowledge, Joslin and Tolstoi never appeared together again.

Over the years which followed, Joslin proved to be right.

When I was completing my training, my chairman, Dr. Charles Weymuller at the Long Island College of Medicine\* and our lone children’s diabetologist, Dr. Abraham Kantrow, a diabetic himself, suggested that I would have a half dozen children with diabetes during my years of practice. They were both wrong. Within a few years of beginning to practice, I had more than a dozen children with diabetes under my care. The local family practitioners referred their diabetic children to me. Of course, I followed Joslin’s rules of care. That care required a few extra hours of work because I spoke to the children in the office and on the phone regarding their care. A diabetic youngster going to a party would call and ask how much extra insulin he/she would need with his/her plan to drink so much soda and eat so much cake, etc. Over my 20 plus years of private practice, I had more than 30 diabetic children under my care.

Some old timers will recall that Frederick Banting and Charles Best isolated Insulin in the early 1920’s. It was readily available to the public in 1923. Insulin use changed the destiny of all diabetics. Many, about to die, with the use of insulin went on to live long lives thereafter.

Some may also know that Banting along with his chairman of physiology Dr. John MacCloud received the Nobel Prize in Physiology in 1923 for Banting’s work. There was great controversy at the time about MacCloud being named a co-recipient and Best not being recognized. Indeed it was said that Banting shared his monetary portion of the award with Best. He also, along with others, recommended Best to the Nobel award committee for recognition. Best

*Continued on Page 13*

was a medical student when he worked with Banting and is said to have been instrumental in the landmark work. He was never given much credit for his work.

With a number of diabetics in my family including my mother and my oldest brother as well as several uncles and aunts, I learned that prior to insulin, many diabetics utilized alcohol to maintain their energy and calorie intake.

I was told that even during prohibition, a diabetic could buy pure alcohol cheaply at any drug store with a prescription.

With the advent of insulin, alcohol use by diabetics was forbidden.

\*Now the State University of New York, College of Medicine in Brooklyn.

---

## **Did You Know?**

The Academy Travel Office is here to serve your travel needs Monday thru Friday from 8:00 am till 4:30 pm CST. Receive air discounts to AAP meetings and car discounts through Avis and Hertz.

We also offer reservations through RESX on line, for those who prefer to book their own travel. If taking a vacation is what you are looking for then contact Elizabeth Harrison for air, cruises or land packages.

Our toll free number is 888-227-1772.



---

## **AAP Senior Section Hosts 2011 First Timer's Reception at National Conference and Exhibition (NCE)**

The AAP Section for Senior Members, with the NCE Planning Group will host a reception for all new NCE attendees. All first-time NCE attendees are welcome.

The purpose of the reception is to welcome first-time attendees, provide them with an overview of the meeting and encourage them to network with others at the meeting. The Senior Section members serve as hosts. The reception is scheduled for Friday, October 14 from 6:30 – 7:30 PM.

Watch for a letter in September asking you to host this fun event.

## Work Life Balance

By Christina Vo, MD, FAAP  
SOYP Immediate Past Chair

Throughout the years I have been involved with the Section on Young Physicians (SOYP), I have heard over and over again that young pediatricians have a better sense of work-life balance than their senior colleagues. I have to dispel that myth because everything I have based my work-life balance on, I learned from my most senior partners: “family first, practice second, AAP and anything else third.”



So simple, yet this ranking of activities and, therefore, my own time management took quite a bit of practice on my part. Throughout medical school and residency, we are taught not to think about ourselves first. Patient care is of the utmost importance: every waking hour is spent making sure orders are written and carried out, labs are followed up, and in your free time, research is done to make sure that you are treating your patient in the optimum way. During my pediatrics rotation in medical school, I would get in my car by 4:30am in order to see all my patients, write my notes and talk to my senior resident BEFORE rounds started at 8:00am. I sat by the patient’s bedside to learn what the specialists had to say and talked to the parents to learn more about their experience in the hospital. I stayed late to learn what it was like to “be on call.” My husband says that year of inpatient rotations in medical school was the worst because even though he lived with me, he often didn’t see me. When I was home, I was exhausted.

During residency, 26 of us in a class took care of the hospital’s patients while trying to meet the various requirements to complete pediatrics residency. Our schedule was dictated by our chief residents. We tried our best to make trades if someone in the program had something important to attend such as a wedding. And the

chiefs went crazy when six of us were pregnant in our third year (they thanked me for being due AFTER July 15). But who else in the world calls a Saturday and Sunday off a “golden weekend”? We lived for those golden weekends when we could sleep all day for one day then actually have an almost normal day off afterwards. The bonding this schedule created made each of us acutely aware that missing

one day of residency could have consequences for the rest of the program.

A few people in my residency had children. I don’t know how they did it. To dedicate so much time and energy to the residency program must have meant a huge sacrifice for their families. I was married, but we didn’t even think about having a family until the end of residency was in sight. And thank goodness my husband’s mom lived nearby and he could have dinner with her once or twice each week! I am trying to think of what we ate when we ate together during those years, but I can only remember thinking that I deserved a serving of tater tots from the cafeteria after a long night on call.

And then one day, I finished residency. And I had a child. And I got a job. A great job, if I may say so, in a private practice with 7 other pediatricians (we are a total of nine now). I threw myself into the practice, learning about the styles and personalities of the various doctors, getting to know the staff, and figuring out logistics about how the office runs. I laid awake at night worrying that I had forgotten to do something for my patients or that I had missed some major diagnosis in someone I had seen that week.

When something came up that meant a lot to me at the time (I can’t remember what it was

Continued on Page 15

now!), I was so nervous about going to my partners to ask for the time off. It would be a big deal to take the day off, see if someone could cover, rearrange staffing, and have all of my patients re-scheduled. But my partners said, “of course, take the time you need.” That was the first time that I heard the phrase “family first, practice second, AAP and whatever else third.”

Now, I have to say that I was surprised. My observation of most of my partners at the time was that they were bonified work-aholics. Our practice schedule is rigorous; our bottom line is critical to daily decisions; and at the time we were going to the hospital to see patients both before and after work hours. My partners seemed to fit the stereotype of the “more seasoned” pediatrician who didn’t know how to balance work and home life.

Since that first year in practice, I have learned more about my partners and I have learned to follow their guidelines in terms of priorities. My partners are all amazing physicians and they each have very different personalities and different interests. Dr. Oken is on the Board of almost every relevant physician management organization I know of, he goes pheasant hunting every year, and he loves spending time with his grandchildren. Dr. Abbott knows everyone at the AAP but also has time to watch every game, see the best shows in town, and travel the world with his family. Dr. Jones went to every one of her son’s high school baseball games and now runs a Rett Syndrome Clinic at Children’s Hospital Oakland. Dr. Charles-Mo can out-compete Martha Stewart any day with her

home grown roses and vegetables, her fabulous baking and her ability to entertain huge parties at her beautiful wine country home, including her son’s wedding. And that’s just the docs over 50. I don’t think that the rest of us (five of us are 40 or under) could come up with such an array of outside of work activities.

I am working on it. Many of you know that I have done a lot of work with the AAP both locally and nationally. Now I am also more involved with my children’s schools, running the community service program at the elementary school and heading the Lunar New Year’s celebration at the preschool. I am a dedicated soccer mom. My kids expect to see me outside their classroom door after school or at the preschool field trip. And I get to play with my kids every day. I am not good at organizing play dates, but the kids, my husband, and I always want to spend the time we have together.

The most amazing thing about doing all the things I do is teaching the kids about what I am proud of. I checked my son’s ear at home and pulled out a huge piece of ear wax. My son was so excited: “Mommy, you ARE a real doctor!” he exclaimed.” Yes,” I got to tell him, “I get to take care of all the parts of kids’ bodies if they are hurt or sick.” After I attended the state legislative day, I told the kids about what I was doing there. Now they ask, “Mommy, are you going to make sure they don’t take any money from the kids again?” When I hear these things from my children, I am satisfied that my work and my life are balanced. And I thank my partners for teaching me how to make that possible.

\* This article is being published in both the Section on Senior Members (SOSM) and Section on Young Physicians (SOYP) newsletters this summer.

# The First Bela Schick Lecture (Genii at Work)

*By David Annunziato, MD, FAAP*

A very few old-timers will remember this formidable event. I cannot remember the exact year it occurred but it was in the late 1950's. Bela Schick was appointed chairman of Pediatrics at the Bethel Hospital in Brooklyn in 1950. (It is now the Brookdale University Hospital). Shortly after his appointment there, this annual lectureship was begun. On the internet the earliest of these lectures noted was in 1968.

Bela Schick was born in Hungary in 1877. He came to America in 1923 to be Chairman of Pediatrics at the Mount Sinai Hospital in New York. He held that position until 1943. As we all know, Bela Schick developed the "Schick Test" for diphtheria which saved the lives of innumerable children. He went on to do other great things in the field of immunology; most noteworthy was probably his work with von Pirquet and their treatise on serum sickness.

Now back to the first Bela Schick lecture. I was in practice when the notice announcing this lecture came. I knew I had to go. I drove into Brooklyn that evening. I noted many notable pediatricians chatting and waiting for the lecture to begin. There were few seats left, so I sat in the first row. When the meeting was called to order, the large standing audience seated themselves. Next to me sat the first speaker, Dr. Robert Good and next to him, the venerable Bela Schick.

The chairman introduced Dr. Schick who merely thanked everyone for coming to honor him and he immediately sat down, a humble, almost shy gentle man. Dr. Good then spoke on the relatively new science of immunology and his work in the field. About halfway through his talk, a young man appeared and sat down next to me to my right. Upon seating himself, this man took a paperback novel from his pocket and proceeded to read the entire last half of the book, flipping pages almost every few seconds.

When Dr. Good completed his one hour talk, the second speaker was introduced. He was the young man sitting to my right, Dr. Fred Rosen. Fred Rosen rose, placed his paperback on the chair and proceeded to the podium. I did not know him at the time and had never heard his name before. Dr. Rosen started his talk with a discussion and critique of what Dr. Good had presented while he was reading his paperback. I was very impressed, knowing that I was seated next to a genius. I was certain he was one of the three people I have ever met with a photographic memory. His lecture then proceeded with even greater brilliance.

When Dr. Rosen finished his one-and-one-half hour presentation, the hour was late and there was no time for formal questions. Dr. Good and Dr. Rosen answered a few informal questions while most of the audience reveled in their places. It was then that my old chairman spied me, came over and then introduced me to the great Bela Schick. I was privileged then to shake hands with him and praise his great work. Bela Schick was a humble man, gracious and informal, always smiling. I never saw him again.

As Fred Rosen was leaving, I pointed out to him that he had left his paperback on the chair. He smiled at me and said, "I've finished it, take it, it's pretty good." I did take it; it was a novel of fiction. I was then and always amazed at how this man could read a novel and capture Dr. Good's every word at the same time. I invited Dr. Rosen to our hospital, The Nassau County Medical Center, for talks on several occasions after that. He never refused to come. Dr. Rosen went on to become the first James B. Gamble professor of Pediatrics at the children's hospital of Boston where he spent his entire fifty years as a physician. He published more than 300 articles on immunology, susceptibility to infectious diseases and immuno-deficiency disorders. In his latter years, someone called him the original "Google". He died in 2005.

Continued on Page 17

Of course, Dr. Good went on to be recognized and honored for his great work in immunology at the University of Minnesota Medical School. He came with several of his young associates to be president and director at the New York Sloan Kettering Memorial Hospital for Cancer. He was pictured then on the cover of Time magazine. He was also called the father of modern immunology and did the first bone marrow transfusion. He published 1500 articles, monographs and chapters.

Robert Good, while at Memorial also came several times to speak at our hospital pediatric post-graduate lecture series. He was most gracious, never refusing our invitation and always

enlightening and entertaining. After one of his talks, as I walked with him to his waiting limousine, I remarked to him about his limp. He merely smiled and said, "Polio".

I have often sat and thought about that first Bela Schick lecture. There are not many people who can say they heard two genii speak on the same night.

Noteworthy, to me at least, is the fact that Bela Schick, while a young man, in order to convince his father to allow him to continue his work in Pediatrics, quoted from the Talmud. "The world is kept alive by the breath of children".

## **To Members of the Section for Senior Members: Seeking Your Opinion**

I am seeking the opinion of our membership as to the possible usefulness of two teaching websites that I have put together, one primarily for parents, the other primarily for professionals whose work includes clinical examination of infants and children. Members who have an interest in improving parent-child interactions as well as the interactions of health care workers (including pediatricians) are invited to view these web sites and send their reactions to me via email at the address below.

The first web site is entitled "Higher Level Parenting. Building a Repertoire of Mutually-Advantageous Interactions" and is aimed primarily at parents and prospective parents. The address is: [HLPnew.GeneralSystemantics.com](http://HLPnew.GeneralSystemantics.com). Would this web site be useful to some of the parents or prospective parents in your practice?

The second is, "Variety in the Pediatric Exam. Use of Nonobtrusive Techniques in the Pediatric Physical Exam" and is aimed primarily at pediatricians and other health care professionals who are clinically involved in the examination of infants and young children. The address is: [Variety.GeneralSystemantics.com](http://Variety.GeneralSystemantics.com). Would this web site be useful to you or to some of your professional colleagues?

John Gall, MD, FAAP  
7027 S. Walker Bay Road NW  
Walker, MN 56484  
email: [jcgall@arvig.net](mailto:jcgall@arvig.net)

# My Eight Giants of Pediatrics

*By Alvin N. Eden, MD, FAAP*

I recently stepped down as Chairman of the Department of Pediatrics at Wyckoff Heights Medical Center in Brooklyn, New York after 51 ½ years, probably a world's record tenure. At 84 I'm still in good health - a practicing pediatrician who plays at least one singles tennis match every week, and who has no plans to retire anytime soon.

I've had a great professional career but rather than reminisce about myself, my purpose in this article is to share with you my recollections of eight giants of Pediatrics with whom I have been fortunate enough to have personally known through the years.

## 1. Leo Taran

Leading off is Uncle Leo, my mother's youngest brother. Leo Taran came to the United States from Russia when he was nine years old, not knowing a single word of English. Despite that, and the fact that he was Jewish, his brilliance as a student resulted in his being accepted into Harvard College and Harvard Medical School, no small feat during those days of strict quotas.

My Uncle Leo, after completing his pediatric residency furthered his training in pediatric cardiology in Germany. In those days, there were no sub-specialty fellowship training programs in the U.S. He returned to the U.S. to practice both general pediatrics and pediatric cardiology and soon after, working with a Mother Superior in charge of a convent built, founded and became Director of the St. Frances Sanatorium for Rheumatic Fever in Roslyn, NY.

Dr. Taran was my role model and most important influence pointing me toward a career in medicine and pediatrics. He was a Marcus Welby type doctor, never too busy for anybody or anything, with the magic touch, the ability to instill trust and confidence just by being there. I clearly remember being sick in bed as a child waiting for Uncle Leo to make a house-call.

Believe it or not, as soon as the doorbell rang and he walked into my room with his big friendly smile I already started to feel better.

At the end of my second year of medical school I spent the summer at St Francis under his mentorship. What an incredible experience! Not only did I learn to listen to the heart and interpret an EKG (no echocardiograms at the time) but of far greater importance, I learned how to listen to the patient and how to talk to the patient, being supportive and upbeat, even in the most difficult circumstances. During that summer, I published my first article in the pediatric literature, based on the measurement of the QT interval in Acute Rheumatic Fever. That was a proud moment indeed!

Dr. Taran's dream was to develop a comprehensive full-service Cardiac Center at St. Francis. Unfortunately he did not live long enough to see it happen, dying of a massive heart attack in 1959. However, his dream has become a reality. St. Francis now stands as one of the leading cardiac centers in the U.S.

## 2. Vincent DePaul Larkin

I met Dr. Larkin during my pediatric residency at University Hospital in New York. Without doubt, I learned more from him than from any other attending physician during my training. Not only was Vincent an excellent clinician and teacher, he also conveyed a great feeling of confidence and trust whenever he spoke to the parents of the hospitalized children. Dr. Larkin reminded me a lot of my uncle Leo, who also had that special gift.

We seemed to bond together. He was my main mentor and he evidently thought enough of me to ask me to join him in his office when I completed my residency. Of course, I jumped at the chance. Circumstances did not allow us to form the partnership we had planned. However, the

*Continued on Page 19*

years I spent with him were invaluable. He taught me never to cut corners. A complete history and physical examination was the rule, whether the child came in with a splinter or a serious complicated diagnostic problem.

I recall one afternoon, during a lull between patients. Dr. Larkin told me what he believed it takes to remain a good doctor after residency. He pointed out that medical advances are so rapid and varied that it is difficult to keep up to date. He advised me to continue to read the pediatric literature regularly, to teach medical students and/or residents if possible to do the research and to publish. I must have taken what he told me seriously since I have done all that, including writing six childcare books. The concept of becoming a life-long learner is what he taught me.

I moved on to my own private office, but remained close to Vincent, both professionally and personally. We co-authored an article on the corticosteroid treatment of croup. In 1958, Dr. Larkin left his Chairmanship of Pediatrics at Wyckoff Heights Medical Center, Brooklyn, NY, to become Chairman of the Department of Pediatrics at Booth Memorial Hospital (now called New York Hospital Queens) in Flushing, NY and suggested that I apply for the vacant position at Wyckoff. Although out of my residency only three years, I was appointed Chairman and remained in that position for over half a century.

### **3. Vincent James Fontana**

Dr. Fontana was another of the great pediatricians I met during my residency. At the time he was a graduate of our program who went on to specialize in pediatric allergy. Friendly and gregarious, he took me under his wing and gave me advice to help reduce my stress level. I remember a conversation we had when I was finishing my training and preparing to open my office as a practicing pediatrician. He sat me down and told me that it was very important for my health

and well-being to take regular vacations as often as possible. Of all the excellent advice Jim (he preferred Jim to Vincent) gave me, that's the only one I haven't followed.

For many years Dr. Fontana was my regular pediatric allergy consultant. He helped me manage many of my most difficult asthmatic children. We gradually developed a close personal friendship and shared many happy social occasions together, both in New York City and in his home on the water in East Hampton, Long Island.

Jim had deep connections to the Catholic Church, having been Cardinal Spellman's personal physician during World War II. Though Dr. Fontana I met many distinguished members of the church hierarchy, including Cardinals Cook and O'Connor at various charity events. Let me share with you one experience I had at a black-tie Catholic fund-raiser. As my wife and I, along with Jim, entered the crowded hall, we were introduced in quick succession I commented, "We're up to our a—in U. S. Ambassadors". The reaction from the group was mixed, but I still think it was a pretty good line. My wife does not agree.

Dr. Fontana went on to have a long and distinguished career. He was appointed Chairman of the Department of Pediatrics at St. Vincent's Hospital in New York and moved on to become Chief of Staff of the New York Founding Hospital. It was during that time that Jim became one of the pioneers in recognizing and describing child abuse, a largely ignored but wide-spread problem. He brought this to the attention of physicians, government officials and the general public. He was tireless in attacking the problem and his classic book "Somewhere a Child is Crying" made a tremendous impact. Jim is widely recognized as one of the leaders in the recognition, treatment and prevention of child abuse and neglect. But besides child abuse, Dr. Fontana taught me

Continued on Page 20

much about advocacy, decency and compassion. If only I had heeded his advice on vacations.

#### **4. Saul Krugman**

In 1952, during my internship year at Bellevue Hospital in New York I met Dr. Krugman for the first time. He was a young attending who gave us a series of lectures on the common childhood infectious diseases so rampant in the days, before protective vaccines were available. All of us looked forward to his talks because they always were well-organized, crystal clear and to the point, exactly what young trainees needed. It was already obvious that Dr. Krugman was a born teacher.

One morning his topic was mumps and he left us with a clinical pearl that I still use to this day in discussing the various causes of parotitis. He demonstrated with a live person how to locate the parotid gland. He said “drop a perpendicular line bisecting the ear and the parotid gland will lie equally on both sides of the line”. I am proud to report that he used my ear. The next time we met was a few years later under entirely different circumstances. During this interim I had established a pediatric practice in Forest Hills, Queens, NY and Dr. Krugman remained a full-time academic pediatrician at New York University School of Medicine, specializing in pediatric infectious disease.

In those days it was common practice for pediatricians without a lot of money to exchange their services during one month in the summer: Free tuition for their child or children in summer camp for working as the camp doctor. A good deal for many of us. I already was experienced with the common variety of camp problems-insect bites, sunburns, diarrhea and homesickness, having learned the previous summer. Dr. Krugman, on the other hand, had no such experience. He was scheduled to be a camp doctor for the first time at the neighboring camp and so he came over for a quick

primer from me. For a change I was his consultant. I recall he had a great time, a total change of pace for the future Professor Krugman.

Of course, Dr. Krugman is best known for his enormous contributions in the development of the measles and infectious hepatitis vaccines and his splendid textbook on infectious disease. He moved up the ladder at the New York University School of medicine and became Chairman of the Department of Pediatrics. At the time I was a member of his department and so had the opportunity to continue our personal and professional relationship. His lectures continued to be masterpieces of organization, content and wisdom. And he continued to be a friendly and modest gentleman.

#### **5. Sydney Gellis**

Everybody who ever knew Dr. Gellis would agree that not only was he the smartest pediatrician of all but he was also the nicest and kindest as well. He had an encyclopedic knowledge of pediatrics and a whole lot more. In 1952, the year I graduated from medical school, Dr. Gellis was appointed editor of the Yearbook of Pediatrics and that's when I became one of his greatest fans. I had not yet decided between internal medicine and pediatrics and was doing an internship in medicine at Bellevue Hospital. At that time, one did not go directly from medical school into a residency program. One day I started to browse through the first few pages of the 1952 Yearbook of Pediatrics and immediately got hooked. Believe it or not, I continued to read it cover to cover. Why? Simply because of the brilliant and often humorous commentary by Dr. Gellis after each condensed article. It would be safe to say that his commentaries strengthened my interest in pediatrics and was one of the reasons I chose pediatrics over internal medicine.

Dr. Gellis remained the editor of the Yearbook until 1978 and then took on the role of found-

Continued on Page 21

ing editor of the popular weekly *Pediatric Notes* where he continued his wonderful and insightful comments until he passed away.

It was not until 1957 that I had my first in-person meeting with Dr. Gellis. I spent one week in Boston preparing to take the oral part of the pediatric boards (in those days it was a two part examination requiring first passing a written and then an oral) Dr. Gellis was Chairman of the Department of Pediatrics at Boston University School of Medicine, my alma mater. He was kind enough to allow me to join his group each morning for rounds. It was an incredible experience. Not only did I learn a lot of pediatrics, and aced the oral, but the atmosphere he created made every minute enormously enjoyable. Rather than trying to learn through fear and/or intimidation, everyone was happy and realized but at the same time enthusiastic and hard working. Sydney was the driving force that made it all work and I remember thinking that if I ever had the opportunity to lead a department I would try to duplicate that atmosphere of good cheer, humor and academic excellence. In looking back on my tenure as Chairman at Wyckoff I believe that, however immodest it may sound, I have done just that.

During my first few years as Chairman at Wyckoff, I was able to establish an affiliation with Dr. Gellis' program in Boston, rotating my residents for three months at Boston City Hospital where they all had a marvelous learning experience.

As I became more involved in the subject of infant and toddler iron deficiency (more about this later on) I was able to convince Dr. Gellis that I was correct in recommending iron supplements to all toddlers when they were switched to regular milk. He was most supportive of my on-going battle with the American Academy of Pediatrics to change their current recommendation and commented on it a number of times in *Pediatric Notes*.

Over the years, all of us had tried to stump him with questions about rare or unusual pediatric problems but without success. I remember one time when I thought I had him. I was about to report a case of *Vibrio Fetus* meningitis, a condition not yet reported in the U.S. pediatric literature, only having been previously published in a French pediatric journal and in veterinary journals, as a leading cause of abortion in sheep and cattle. So I asked him about it. Much to my dismay, he knew all about it. Incidentally, *vibrio* is now called *campylobacter*. The last time I saw Dr. Gellis was at a pediatric meeting in Arizona. I went because Sydney was on the faculty. He led a round table on recent advances in Pediatrics and was gracious enough to ask me to discuss my thoughts on the prevention of toddler iron deficiency.

I cherish a letter I received from Dr. Gellis in 1998. We had not communicated in a number of years and I had sent him a copy of a 1997 article I had published about, of course, iron deficiency with a note saying that I hoped he remembered me. His response "one doesn't easily forget Dr. Eden." I'm not so sure about that but I am sure that all of us who knew Sydney Gellis will never forget him.

## **6. Frank Oski**

Although I spent very little actual time with Dr. Oski, he played an important role in my professional career. It all started at a pediatric conference in Florida in the late 1970's. The topic he was scheduled to discuss was iron deficiency anemia in infants and children and at that time I couldn't have been less interested in that subject. Dr. Oski started his lecture with a slightly off-color joke (as I learned he did very often), delivered with perfect timing and it brought down the house. He then went on to say "The least important manifestation of iron deficiency anemia is the anemia itself." That sentence really woke me up and he then had my full and undivided attention.

Continued on Page 22

Dr. Oski discussed the results of his recent investigation demonstrating a relationship between iron deficiency, with or without anemia and impaired mental and psychomotor development. That was the moment I became interested, involved and finally obsessed with the prevention of iron deficiency. Saving I.Q. points seemed to me to be pretty important at that time and nothing has changed since.

We often corresponded, usually about iron deficiency and occasionally met at medical meetings. I remember when we were on the faculty of a symposium about childhood obesity and agreed that the treatment was usually unsuccessful (the first child care book I wrote, "Growing up Thin" published in 1975, discussed the dangers of childhood obesity and the difficulties in successfully treating it). But probably above all, we exchanged jokes and agreed that finding a new funny story is most difficult.

While Dr. Oski was Chairman of the Department of Pediatrics at Johns Hopkins Baltimore, MD, the son of an obstetrician tennis-playing friend of mine was one of his residents. I would hear about Frank's enthusiasm, brilliance, and humor from both father and son. I recall a conversation with him when I was complaining about how difficult it was to convince the American Academy of Pediatrics to change their recommendation about the prevention of iron deficiency. He told me not to give up. Dr. Oski reminded me how long it took for the Academy to change their recommendations as to when a baby should be switched from breast or formula to regular milk.

Of interest is that my connection to the Yearbook of Pediatrics remained intact when Dr. Oski took over the editor ship from Dr. Gellis in 1979 and continued the high quality commentary. Every time I pick up a copy of contemporary Pediatrics, the Journal he founded, I think fondly of him, smile and push forward.

## **7. James A Stockman**

Dr. Stockman is probably best known as the long-standing President of the American Board of Pediatrics, but he also currently is Clinical Professor of Pediatrics at both the University of North Carolina and Duke University. He is an eminent pediatric hematologist with a particular interest in iron deficiency. I first met Dr. Stockman at a pediatric conference fifteen years ago. He was on the faculty and his topic was Iron Deficiency Anemia, and so, of course, I paid close attention to what he had to say. His presentation was right on the money-organized, interesting and with just the right amount of humor.

But I really got to know Dr. Stockman because of a rain and wind storm. After the conference we accidentally met at the airport waiting to take our respective flights back home, both of which were delayed because of the weather. This gave me the opportunity to sit down with him and really get acquainted over the next two hours. I was able to discuss my approach to the prevention of toddler iron deficiency, the research we have done at Wyckoff heights Medical Center and the recent studies showing a relationship between iron deficiency and increased lead levels, yet another reason that prevention is so critical. He agreed that since the prevention of iron deficiency is important, is a common problem and has a solution; it is well worth fighting for. I have never forgotten this and so continue to this day to advocate for routine iron supplementation for all toddlers when they are switched to whole milk.

That airport meeting established an on-going correspondence and Jim has always been supportive in my continuing struggle with the Committee on Nutrition of the American Academy of Pediatrics. Believe me; it doesn't hurt to have his support and encouragement. Despite his hectic schedule, Dr. Stockman is never too busy to answer my letters or calls.

Continued on Page 23

Incidentally, we have made some inroads in that our local Committee on Nutrition has endorsed my recommendations, but the big battle is yet to be won.

In 1980, Dr. Stockman assumed the editorship of the Yearbook of Pediatrics from Dr. Oski (they were co-editors in 1979) and has continued to date. His brilliant comments continue in the rich tradition of Dr. Gellis and Oski, easy to read, informational and humorous. And so I continued to read the Yearbook because of its terrific editors, all of whom I have know.

Very recently, Dr. Stockman was kind enough to agree to read through the galleys of my latest book "Positive Parenting". He then wrote a great forward which made both my publisher and me very happy. Having the President of the American board of Pediatrics endorse a book is very gratifying.

### **8. Benjamin Spock**

Last, but far from least, is Benjamin Spock, without doubt the most famous pediatrician of all. His book "Baby and Childcare" has sold more copies than any other book ever published except for the bible. Come to think of it, his book has been the bible of child-rearing for millions of parents since it was first published in 1946. It has made an enormous contribution to the health and welfare of children all over the world.

I have had the good fortune of meeting and spending quality time with Dr. Spock on two separate occasions. The first was at a luncheon meeting in New York City. A group of magazine editors had invited me to speak about the changes in pediatrics and parenting I had observed in the fifteen years since I had opened my office. All went well until I walked up to the podium to speak and looked out at the audience sitting around the various lunch tables. To my utter amazement, there sat the legendary Dr. Spock. As I tried to compose myself (remem-

ber, at that time I was a relatively young pediatrician) all I could think of was how ridiculous it was for me to be talking about parenting when the number one authority on the subject was sitting out there. I also wondered what I had done to deserve to be chosen to make a fool of myself in front of Dr. Spock. Actually, my talk and the questions and answers that followed went quite well. The lunch went even better. My wife and I sat together with Dr. and Mrs. Spock and we had a most pleasant time, not talking about pediatrics but rather about politics and sailing, two of his favorite subjects. To make my day, he was kind enough to complement me on my talk. No pediatrician could ask for anything more.

The second time we met was a few years later when I invited him to speak to the parents group at Horace Mann, the school our son was attending at the time. He graciously accepted and we arranged to pick Dr. Spock up at his Manhattan apartment to drive him up to the school in Riverdale. For the first and only time in my life I was not upset with the heavy traffic. It allowed me plenty of time to share ideas, interests and memories with him. I learned again that his great passion was sailing his boat, especially along the Maine coast. We were able to figure out that he probably had sailed right past our little summer cottage in Down East Maine. His talk to the parents' group mixed parenting and politics, and was a huge success. It generated a lively discussion. Dr. Spock could not have been nicer. Friendly and warm, he stayed long after, answering any and all questions.

On the drive back to his Manhattan apartment I clearly remember saying "Thank you, Dr. Spock"...before I could continue he interrupted me with "Call me Ben". Needless to say, even under extreme torture, there would be little chance I could ever call him Ben. To this day, he remains Dr. Spock to me.

Continued on Page 24

There have been many other pediatricians I have worked with and admired and who probably should have been included. Perhaps some day I'll write a sequel dedicated to them. So, these are my eight choices. Do these Giants of Pediatrics have anything in common? I think they do. Besides being brilliant and successful they all shared and share the deep conviction that children are our most precious natural resource. Of course, all made enormous contributions to the good and welfare of our children and that is their everlasting legacy. For me, however, what stands out remarkably in all of them

is their total lack of arrogance despite all the honors and accolades heaped upon them.

I'm very proud of the fact that both of my children are accomplished and dedicated physicians –one a pediatrician, the other an obstetrician. In our family, children are the name of the game. I believe that some of what I stand for has rubbed off on them, just as I believe that a little bit of each of these eight great doctors I have known has rubbed off on me.

---

## Figuring Out When to Jump on the Benefits Train

*By Joel M. Blau, CFP®*

*Ronald J. Paprocki, JD, CFP, CHBC®*

**MEDIQUS Asset Advisors, Inc.**

*"Results. One client at a time."<sup>(sm)</sup>*

It's estimated that, over the next few years, more than 70 million Baby Boomers will reach age 62 and become eligible for Social Security benefits. Many are undecided between collecting Social Security benefits early or waiting until the normal retirement age of 66. Historically, many of those eligible have collected at age 62 because of financial necessity, health and longevity concerns, or a desire to collect as much as possible from the system amidst fears of its eventual insolvency.

Retiring early means more payments, but a smaller check each month for the remainder of your life. Unfortunately, there is no "one size fits all" answer to when you should start receiving Social Security benefits. The sliding scale used to calculate benefits, which pays a smaller monthly check if you retire "early" and more if you wait longer, depends on the year in which you were born. Your lifetime payout depends on how long you live. First, visit [www.ssa.gov/planners/calculators.htm](http://www.ssa.gov/planners/calculators.htm) and find out when you're entitled to full benefits. If you were born from

1943 to 1954, you can start collecting benefits at age 62 but you'll only get 75% of what you'd receive if you wait until you're 66. If you wait until 67, you get 108% of your monthly benefit. At age 70, you'll collect 132% of the benefit amount, which is the maximum you can get by delaying benefits.

Why should you wait to take Social Security until age 66? If you plan to work and will earn in excess of the annual limit before you reach full retirement age, you may lean toward waiting until you are 66. Social Security benefits are reduced if you collect benefits before full retirement age and earn more than the annual limit. You may also consider working until you are 66 if you are single, have little savings or have a longer life expectancy. If your spouse is still working and has earned income which may cause a larger portion of your social security benefits to be taxed, you may want to hold off until your income and tax rate are lower. If your spouse's benefit is smaller than yours or your

Continued on Page 25

spouse is much younger than you, keep in mind that your combined life expectancy will be longer than either of your single life expectancies. This means that if you take social security at age 62, and your spouse's benefit is based upon your benefit, it will mean a significantly reduced benefit for your surviving spouse's lifetime.

For others, it makes sense to start receiving Social Security benefits at age 62 for the peace of mind of having the money in hand, rather than waiting an extra three to five years, even if it means a reduced benefit, and fewer dollars paid out over your lifetime. For those who will

not have earned income in excess of the annual earnings limit between age 62 and full retirement age, it may make sense to collect at 62. Sixty-two may also look better than 66 if you have health issues or a shorter-than-average life expectancy. Plus if your spouse's benefit is larger than your own, you may choose an early retirement.

Ultimately, since you don't know how long you'll live, your decision will likely have less to do with maximizing your total Social Security payout and more to do with your overall personal retirement plan.

Mr. Blau and Mr. Paprocki welcome readers' questions. They can be reached at 800-883-8555 or at [blau@mediqus.com](mailto:blau@mediqus.com) or [paprocki@mediqus.com](mailto:paprocki@mediqus.com).

Securities offered through Joel M. Blau, CFP® and Ronald J. Paprocki, JD, CFP®, CHBC registered representatives of Ausdal Financial Partners, Member FINRA/SIPC. MEDIQUS Asset Advisors, Inc. and Ausdal Financial Partners, Inc. are independently owned and operated.

---

## *What would you ask the next AAP President?*

**Here's your chance!**

SOYP (young physicians) and SFSM (senior members) will hold a joint conference call with the candidates for AAP President-elect

**August 24, 2011 at 8:30 pm EDT**

*You are invited!*

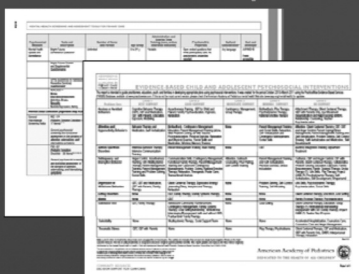
Submit your questions by August 10 to  
[christinavomd@gmail.com](mailto:christinavomd@gmail.com) or [lucycrain@sbcglobal.net](mailto:lucycrain@sbcglobal.net) or [jburke@aap.org](mailto:jburke@aap.org)

Call-in information to follow

# American Academy of Pediatrics Mental Health Initiatives

## AAP Mental Health Resources Available to All:

### Enhancing Pediatric Mental Health Care: A Report from the American Academy of Pediatrics Task Force on Mental Health



Includes the following tools:

- Clinical algorithms
- Sources of specialty services
- Psychosocial interventions chart
- Coding for the algorithm steps
- Mental health practice readiness inventory
- The case for routine screening
- Approaches to obtaining brief mental health updates

### Educational Opportunities

Webinars and teleconferences are offered periodically, and recordings of past events are available, like "The 15 Minute Mental Health Visit", and "Priorities and Practicalities: Obtaining Payment for Mental Health Services in the Pediatric Office"

### Collaborative Projects

Learn from other practices and states to see how they have had success with employing, co-locating with, and collaborating with social workers, psychologists, and nurse practitioners with specialized training to provide mental health services for children

### Strategies for Systems Change in Children's Mental Health: A Chapter Action Kit

Outlines numerous strategies that AAP chapters can use to improve children's mental health programs and services in their state

### Improving Mental Health Services in Primary Care: Reducing Administrative and Financial Barriers to Access and Collaboration

Jointly developed with the American Academy of Child and Adolescent Psychiatry to outline the barriers to providing collaborative mental health care, and help advocate for efforts at the local, regional, and national levels

### Join the Mental Health Listerv!

Receive periodic announcements and the bimonthly mental health E-News

All available at...

[www.aap.org/mentalhealth](http://www.aap.org/mentalhealth)

Learn more about other member benefits at:  
[www.aap.org/moc](http://www.aap.org/moc)

FREE to AAP Members:

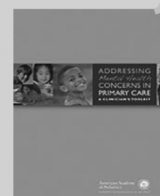
### Guidance on Disruptive Behavior & Aggression



From the toolkit!

### Other Resources Available: (Cost Associated)

### Addressing Mental Health in Primary Care: A Clinician's Toolkit



Includes:

- Coding aids
- Interactive algorithms
- Screening & assessment tools
- Step-by-step care plans
- Billing & payment tips
- Parent handouts

...and much much, more!

### Pedialink Module: Collaborative Mental Health Care



Expand your role in mental health care

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™

